

## Ambulatory Surgical Center Project

### Stakeholder Workgroup Kick-Off Meeting Minutes

**MEETING DATE:** Thursday, March 13, 2008; ASC Stakeholder Workgroup – Kick-Off Meeting

**ATTENDEES:** John Grant – AmSurg Corp

Annette Bak-Lopez, Craig Young – Bald Mountain Surgical Center  
Katrina Hutchins – Bluecaid of Michigan  
Renee Laneland, Kim Peoples – Borgess Health  
Diana Sweet, Janine Waito – Brookside Surgery Center  
Alicia Lock – Community Choice Michigan  
Cindy Collison-Mis, Julie Greene – Grand Valley Surgical Center  
Kristen Wentzel – Great Lakes Health Plan  
Esther Reagan – Health Management Association  
Nancy Gallinat – Health Plan of Michigan  
Cheryl Gallon – Health Plus Partners  
Charles Carson, Pat Turner – Healthcare Midwest  
Linda Kirk, Robin Lanting-Wabinato, Cari Versluis – Holland Surgery Center  
Mark DeVirgilio, Kristan Lalley – Lakeland Regional Health  
Samika Boyd, Nick Flemming, Ann Thomas Hargrave – Lakes Surgery Center  
Terri Arendt, Dina Bardel, John Van Tol – Lansing ASC Partners  
Sue Bayer – McLaren Health Plan  
Jim Stilley, Bill Kandler – Michigan Ambulatory Association  
Brien Fausone – Michigan Endoscopy Center  
Jason Jorkasky, Marilyn Litka-Klein – Michigan Health and Hospital Association  
Charles Dobis – Michigan Surgical Center  
Sudha Gadgil – Midwest Health Plan  
Robert Swartz – Millman Derr Surgi-Center

Pat Embry – Molina Healthcare

Barb Bertoldi, Mary Herweyer, Northwest Michigan Surgery Center

Cheryl Bean – NOVI Surgery Center

Wade Rodgers – Ominicare Health Plan

Diana Criss – Priority Health

Carol Robinson, Laura Wightman, Karen Woltjer – Southwest Surgical Center

Michael McClain – Surgery Center of Kalamazoo

Gene Lascu, Debbie Simon – Surgery Center of Michigan

Bob Wolford – Surgical Center of Michigan

Carrie Bradish, Sandy Stork – The Surgery Center

Derek Post, Brook Ross – West Michigan Surgery Center

**MDCH ASC PROJECT STAFF:**

Steve Fitton – Director, Bureau of Medicaid Policy and Actuarial Services

Dick Miles – Director, Actuarial Division

Ed Kemp – Director, Policy Division

Cheryl Bupp – Director, Managed Care Plan Division

Brian Keisling, Kathy Whited – ASC Project Managers

Steve Ireland – Manager, Hospital Rate Review Section

Jake Dalton – Invoice Processing

Susan Schwenn, John Kowalski, Meghan Sifuentes – Policy

Sheila Johnson, Julie Blazic, Loni Hackney, Gina Gembel – Managed Care

Donna O'Shesky, Ruth Monkman – Program Investigation

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#### **Excused Absence MDCH ASC Project Staff:**

Karen Scott, Sharon Grescowle – Invoice Processing  
Theresa Landfair – Health Insurance Cost Avoidance & Recovery  
Brian Gallup – DIT

**NEXT MEETING: TBD – June 2008?**

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>RECOMMENDATIONS</b>
<b>Welcome &amp; ASC Project Introduction</b>  <b>Steve Fitton</b>	Start of ASC project in response to legislative requirement to begin enrollment and reimbursement of Ambulatory Surgical Center facilities in Michigan Medicaid. Project is foreseen as an inclusive process based on the visions and values of the State. Welcoming to ASC providers to Michigan Medicaid program.	Schedule future ASC workgroup meetings.
<b>Kick-Off Presentation</b>  <b>Boilerplate Requirement of Section 248 of PA 123 of 2007</b>  <b>Brian Keisling</b>	Overview of boilerplate requirement of Section 248 of PA 123 of 2007 which allows for ASCs to fully participate in Michigan Medicaid. Discussion regarding interpretation of legislative report due July 1, 2008 and timeline of new MMIS implementation.	N/A
<b>Introduction of MDCH ASC Project Staff</b>  <b>Brian Keisling</b>	Introductions of ASC Project Core Group: Brian Keisling, Kathy Whited, John Kowalski, Meghan Sifuentes, Susan Schwenn, Jake Dalton, Karen Scott, Sharon Grescowle, Theresa Landfair, Steve Ireland, Cheryl Bupp	N/A

**Ambulatory Surgical Center Project**  
**Stakeholder Workgroup Kick-Off Meeting Minutes**

<b>Stakeholders and Future ASC Project Workgroup</b>  <b>Brian Keisling</b>	Establishment of smaller workgroup consisting of experts in the areas of coding and billing, coverage, rate development, and IT systems to be formed. ASC project is seeking volunteers for workgroup to assist in project development and to provide guidance on new provide type. Interested parties were asked to submit an email citing their interest in the workgroup to the ASC project mailbox at <a href="mailto:DCH-ASC@michigan.gov">DCH-ASC@michigan.gov</a>	N/A
<b>ASC Facilities Defined</b>  <b>Brian Keisling</b>	Per MDCH licensing, a number of facilities are defined as surgical facilities: ASC, FSO, FS ASC. MDCH intends to follow Medicare certification as the primary qualification for enrollment as a Medicaid provider. A survey to be distributed to various surgical facilities to gauge provider type and number of facilities with Medicare certification.	N/A
<b>MDCH ASC Project Status</b>  <b>Brian Keisling</b>	Medicaid to align ASC reimbursement with Medicare as closely as possible, while allowing for Medicaid specific exceptions as needed. Project modeled after the success of APC/OPPS project.	To continue discussions with Medicaid HMOs that follow similar reimbursement methodologies, as well as decipher possible divergences from Medicare.
<b>Data Analysis and Future ASC Provider Survey</b>  <b>Brian Keisling</b>	MDCH to learn more about ASC providers, in particular information on types of services provided, population served, facility charges, and claim format. Informative survey to be distributed early Spring to ASC providers.	Cooperative effort between MDCH ASC Project Team and ASC providers. Necessity of data sharing and provider input important.
<b>CHAMPS System</b>  <b>Brian Keisling</b>	New MMIS system implementation underway and is necessary prior to the start of ASC reimbursement. ASC Project is contingent on progress of CHAMPS project.	ASC representative noted that ASC provider enrollment may be possible prior to the “go-live” date and should be evaluated. (May be able to establish enrollment prior to reimbursement?)

**Ambulatory Surgical Center Project**  
**Stakeholder Workgroup Kick-Off Meeting Minutes**

<p><b>Tentative Project Timeline</b></p> <p><b>Brian Keisling</b></p>	<p>First target date set in July, report to legislature. Foresee various analyses/evaluations, policy promulgation throughout project.</p>	<p>MDCH ASC Project Team to provide updates on project to external stakeholders via electronic communications.</p>
<p><b>Open Discussion</b></p> <p><b>Q &amp; A</b></p> <p><b>Brian Keisling</b>  <b>Steve Ireland</b>  <b>Steve Fitton</b>  <b>Cheryl Bupp</b></p>	<p>Q: What type of software to be used for ASC reimbursement?</p> <p>A: Project Team currently evaluating possible vendors. May be possible to use system that is similar to OPPS.</p> <p>Q: Is reimbursement to follow OPPS? If so, how much deviance from OPPS?</p> <p>A: Possibly. Similarities between Medicare OPPS and ASC reimbursement, with a few differences (e.g. no outliers in ASC reimbursement).</p> <p>Q: Are HMOs required to buy new ASC software? Major consideration for Medicaid HMOs.</p> <p>A: Unknown at this stage. Will consider the impact of new software requirements on HMOs.</p> <p>Q: Has there been guidance from other states with similar IT systems?</p> <p>A: ASC Project Team in the process of contacting other states to assess similarities/prior experiences. To date, no states are known to have the same software.</p>	<p>To determine vendor options for ASC reimbursement system.</p> <p>To contact other states with ASC reimbursement policies in place.</p>

**Ambulatory Surgical Center Project**  
**Stakeholder Workgroup Kick-Off Meeting Minutes**

	<p>Q: Will the CMS 1500 Institutional billing format to be used?</p> <p>A: Intention is to follow Medicare policy on billing. Provider survey to provide more information on billing practices.</p> <p>Discussion: HMOs that currently reimburse ASCs (commercial and Medicaid side) provided insight into procedures and practices. Follow Medicare with a few divergences. Reimbursement methodology is a convergence of Medicare rates and commercial rates. Discussed ASC software that is compatible with Medicare reimbursement format. Noted relative smooth transition to 1/1/08 ASC Medicare changes.</p> <p>Discussion: ASC facilities anxious for implementation of reimbursement system. Currently providing services to Medicaid population.</p>	<p>ASC provider survey to provide more information on the volume of services provided to Medicaid population, Medicare population, as well as third party liabilities.</p>
<p><b>Conclusion</b></p> <p><b>Brian Keisling</b></p>	<p>Established ASC Project email mailbox at <a href="mailto:DCH-ASC@michigan.gov">DCH-ASC@michigan.gov</a>.</p> <p>Consider volunteers for smaller workgroups.</p> <p>Michigan Ambulatory Association possible representative of majority of ASC facilities?</p>	<p>Establish future workgroup meeting. Determine volunteers for smaller workgroups.</p> <p>Provide regular updates via electronic communications.</p>

Minutes prepared by: Meghan Sifuentes  
Minutes Approved by: Kathy Whited and Brian Keisling